

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318

1003

8405 63-033399

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8405

FILED SEP 6 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 218 So. 4th Street		d. STREET ADDRESS (If outside, give location) 218 So. 4th Street	

3. NAME OF DECEASED (Type or print) Leonard J. Baladenski			4. DATE OF DEATH Month Aug. Day 16 Year 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/1/29	9. AGE (last birthday) 33	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bar Tender		10b. KIND OF BUSINESS OR INDUSTRY Tavern		11. BIRTHPLACE (City and state or country) St. Louis Mo.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME John Baladenski		13b. MOTHER'S MAIDEN NAME Mary Koberly	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of) Yes Korean		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Mary Weaver 3900 Illinois		18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute yellow atrophy of the liver with early cirrhosis; Pleural effusion. DUE TO (b) 5810 DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour [REDACTED] a.m. [REDACTED] p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 12:00 to [REDACTED] and last saw him alive on [REDACTED] . Death occurred at [REDACTED] m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Helen L. Taylor, Coroner		(Degree or title)		22b. ADDRESS 1300 Clark Ave.	
22c. DATE SIGNED 8-19-63		(State)		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 8/20/63		23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) St. Louis County Mo.	
24. FUNERAL DIRECTOR Moydell Funeral Home 1926 Allen		ADDRESS		25. DATE RECD. BY LOCAL REG. AUG 19 1963	
26. REGISTRAR'S SIGNATURE Road Smith, M.D.		(State)		27. REGISTRAR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

DATE AMENDED

1
2 **22**
3
4 **0**
5 **3**
6
7 **0**
8 **1**
9
10
11
12 **90-3**
13

90

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Harley F. Jaeller Jr.

Licensed Embalmer No.

9950

P. O. Address

St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.